



## **Supplemental Application Data Sheet**

### **Application Information**

Application number::	10/031722
Filing Date::	01/18/02
Application Type::	Regular
Subject Matter::	Utility
Suggested Group Art Unit::	N/A
CD-ROM or CD-R?::	None
Sequence submission?::	None
Computer Readable Form (CRF)?::	No
Title::	HUMAN MONOCLONAL ANTIBODIES TO HER2/NEU
Attorney Docket Number::	MXI-160US
Request for Early Publication?::	No
Request for Non-Publication?::	No
Small Entity?::	No
Petition included?::	No
Secrecy Order in Parent Appl.?::	No

### **Applicant Information**

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Tibor
Family Name::	KELER
Name Suffix::	Ph.D., J.D.
City of Residence::	Ottsville
State or Province of Residence::	PA
Country of Residence::	US
Street of mailing address::	30 Park Road
City of mailing address::	Ottsville

State or Province of mailing address:: PA  
Postal or Zip Code of mailing address:: 18942

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Yashwant  
Middle Name:: M.  
Family Name:: DEO  
City of Residence:: East Brunswick  
State or Province of Residence:: NJ  
Country of Residence:: US  
Street of mailing address:: 35 Cortland Drive  
City of mailing address:: East Brunswick  
State or Province of mailing address:: NJ  
Postal or Zip Code of mailing address:: 08816

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: Netherlands  
Status:: Full Capacity  
Given Name:: Jan  
Middle Name:: G. J.  
Family Name:: VAN DE WINKEL  
Name Suffix:: Ph.D.  
City of Residence:: Zeist  
Country of Residence:: Netherlands  
Street of mailing address:: Verlengde Slotlaan 80  
City of mailing address:: Zeist  
Country of mailing address:: Netherlands  
Postal or Zip Code of mailing address:: 3707 CK

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Laura  
Middle Name:: A.  
Family Name:: VITALE  
City of Residence:: Doylestown  
State or Province of Residence:: PA  
Country of Residence:: US  
Street of mailing address:: 4194 Milords Lane  
City of mailing address:: Doylestown  
State or Province of mailing address:: PA  
Postal or Zip Code of mailing address:: 18901

**Correspondence Information**

Correspondence Customer Number:: 00959

**Representative Information**

Representative Customer Number:: 59819

**Domestic Priority Information**

**Foreign Priority Information**

**Assignee Information**

Assignee name:: MEDAREX, INC.  
Street of mailing address:: 707 State Road  
City of mailing address:: Princeton  
State or Province of mailing address:: NJ  
Postal or Zip Code of mailing address:: 08540